

MONTANA DEPARTMENT OF TRANSPORTATION CERTIFICATE OF COMPLETION

_____, Montana

Date _____

Project No _____

Bid Opening Date _____

Project Name _____

Contract Award Date _____

Control Number _____

Work Started _____

County _____

Work Completed _____

I, the Project Manager for this project, hereby certify that on _____2____, the contractor certified this project's completion, and that the contractor was in compliance with all **Civil Rights and DBE Requirements**, **has paid all labor and all suppliers in full, and all construction and materials used were in compliance with the project Plans and Specifications**, as authorized by the MDT. The LPA, MDT Representatives, and I made a final inspection of the project on _____2____, and they verified the completion and the fact that the project was fully and satisfactorily completed on that date. Therefore, I recommend that MDT accept the finalized project.

Project Manager
Date

Local CTEP Administrator
Date

CONCURRED:

District Liaison _____ Date _____

CTEP Engineer
Date

ACCEPTED:

Administrator, Engineering Division Date